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CONFIRMATION NO. 2013

Bib Data Sheet

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|--|---|-----------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/005,786   | <b>FILING OR 371(c) DATE</b><br>11/08/2001<br><b>RULE</b>   | <b>CLASS</b><br>422               | <b>GROUP ART UNIT</b><br>1744   | <b>ATTORNEY DOCKET NO.</b><br>3648.028 |
| <b>APPLICANTS</b><br>Simon Robitaille, Charny, CANADA;<br>Mario Simard, St. Jean, CANADA;<br>Stephane Fournier, Levis, CANADA;<br>Sylvie Dufresue, Cap Rouge, CANADA;<br>Richard Turcot, Cap Rouge, CANADA;  |   |                                   |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 09/310,695 05/12/1999 ABN  |   |                                   |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>CANADA 2,270,512 04/30/1999  |   |                                   |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 12/28/2001  |   |                                   |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>CANADA | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>23              |
| <b>INDEPENDENT CLAIMS</b><br>2   |   |                                   |   |  |
| <b>ADDRESS</b><br>30448  |   |                                   |   |  |
| <b>TITLE</b><br>METHOD AND APPARATUS FOR OZONE STERILIZATION   |   |                                   |   |  |
| <b>FILING FEE RECEIVED</b><br>1197   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |